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Application Data Sheet 37 CFR 1.76		Attorney Docket Number	009974-5053 US
		Application Number	09/717,700
Title of Invention	METHODS, APPARATUS AND ARTICLES-OF-MANUFACTURE FOR MARKETING MORTGAGE AND/OR CREDIT SERVICES OVER THE WEB		
<p>The application data sheet is part of the provisional or nonprovisional application for which it is being submitted. The following form contains the bibliographic data arranged in a format specified by the United States Patent and Trademark Office as outlined in 37 CFR 1.76.</p> <p>This document may be completed electronically and submitted to the Office in electronic format using the Electronic Filing System (EFS) or the document may be printed and included in a paper filed application.</p>			

Secrecy Order 37 CFR 5.2

<input type="checkbox"/>	Portions or all of the application associated with this Application Data Sheet may fall under a Secrecy Order pursuant to 37 CFR 5.2 (Paper filers only. Applications that fall under Secrecy Order may not filed electronically.)
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Applicant Information:

Applicant 1				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Hal		Minot	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Jacksonville	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Jacksonville	State/Province	FL	
Postal Code		Country	U.S.A.	

Applicant 2				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Charles		Anderson	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Jacksonville	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Jacksonville	State/Province	FL	
Postal Code		Country	U.S.A.	

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Applicant 3				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Deborah		Moore	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Jacksonville	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Jacksonville	State/Province	FL	
Postal Code		Country	U.S.A.	

Applicant 4				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Sonia	A.	Neat-Covington	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Jacksonville	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1		9938 Moorings Drive		
Address 2				
City	Jacksonville	State/Province	FL	
Postal Code	32257	Country	U.S.A.	

Applicant 5				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Michael	I.	Young	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Atlantic Beach	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Atlantic Beach	State/Province	FL	
Postal Code		Country	U.S.A.	

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Applicant 6				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Charmaine	M.	Brent	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Neptune Beach	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Neptune Beach	State/Province	FL	
Postal Code		Country	U.S.A.	

Applicant 7				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Tracy		Peacock	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Jacksonville	State/Province	FL	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Jacksonville	State/Province	FL	
Postal Code		Country	U.S.A.	

Applicant 8				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Edward		Wagner	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Dallas	State/Province	TX	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Dallas	State/Province	TX	
Postal Code		Country	U.S.A.	

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Applicant 9				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Brian		Hargrove	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Plano	State/Province	TX	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Plano	State/Province	TX	
Postal Code		Country	U.S.A.	

Applicant 10				
Applicant Authority <input checked="" type="radio"/> Inventor		<input type="checkbox"/> Legal Representative under 35 U.S.C. 117		<input type="checkbox"/> Party of Interest under 35 U.S.C 118
Prefix	Given Name	Middle Name	Family Name	Suffix
	Jeffrey		Lium	
Residence Information (Select One) <input checked="" type="radio"/> US Residency <input type="checkbox"/> Non US Residency <input type="checkbox"/> Active US Military Service				
City	Plano	State/Province	TX	Country of Residence U.S.A.
Citizenship under 37 CFR 1.41(b)i		U.S.A.		
Mailing Address of Applicant:				
Address 1				
Address 2				
City	Plano	State/Province	TX	
Postal Code		Country	U.S.A.	

Correspondence Information:

Enter either Customer Number or complete the Correspondence Information section below. For further information see 37 CFR 1.33(a).	
<input type="checkbox"/> An Address is being provided for the correspondence information of this application.	
Customer Number	09629
Email Address	<input type="text"/> <input type="text"/>

Application Information:

Title of the Invention	METHODS, APPARATUS AND ARTICLES-OF-MANUFACTURE FOR MARKETING MORTGAGE AND/OR CREDIT SERVICES OVER THE WEB		
Attorney Docket Number	009974-5053 US	Small Entity Status Claimed <input type="checkbox"/>	
Application Type	Nonprovisional		
Subject Matter			
Suggested Class (if any)		Sub Class (if any)	
Suggested Technology Center (if any)			
Total Number of Drawing Sheets (if any)		Suggested Figure for Publication (if any)	

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Publication Information:	
<input type="checkbox"/>	Request Early Publication (Fee required at time of Request 37 CFR 1.219)
<input type="checkbox"/>	Request Not to Publish. I hereby request that the attached application not be published under 35 U.S.C. 122(b) and certify that that the invention disclosed in the attached application has not been and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

Representative Information:

Representative information should be provided for all practitioners having a power of attorney in the application. Providing this information in the Application Data Sheet does not constitute a power of attorney in the application (see 37 CFR 1.32). Enter either Customer Number or complete the Representative Name section below. If both sections are completed the Customer Number will be used for the Representative Information during processing.			
Please Select One:	<input checked="" type="radio"/> Customer Number	<input type="checkbox"/> US Patent Practitioner	<input type="checkbox"/> US Representative (37 CFR 11.9)
Customer Number	09629		

Domestic Priority Information:

This section allows for the applicant to claim benefit under 35 U.S.C. 119(e), 120, 121, or 365(c). Providing this information in the application data sheet constitutes the specific reference required by 35 U.S.C 119(e) or 120, and 37 CFR 1.78(a)(2) or CFR 1.78(a)(4), and need not otherwise be made part of the specification.			
Prior Application Status	Expired		
Application Number	Continuity Type	Prior Application Number	Filing Date (YYYY-MM-DD)
60/166,431	Provisional		1999-11-19

Foreign Priority Information:

This section allows for the applicant to claim benefit of foreign priority and to identify any prior foreign application for which priority is not claimed. Providing this information in the application data sheet constitutes the claim for priority as required by 35 U.S.C. 119(b) and 37 CFR 1.55(a).			
Application Number	Country	Parent Filing Date (YYYY-MM-DD)	Priority Claimed
			<input checked="" type="radio"/> Yes <input type="checkbox"/> No

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		Application Number	09/717,700
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Assignee Information:

Providing this information in the application data sheet does not substitute for compliance with any requirement of part 3 of Title 37 of the CFR to have an assignment recorded in the Office.

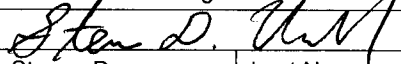
Assignee 1 Merrill Lynch & Co., Inc.

If the Assignee is an Organization check here. ☒

Prefix	Given Name	Middle Name	Family Name	Suffix
Mailing Address Information:				
Address 1	222 Broadway			
Address 2	17th Floor			
City	New York	State/Province	NY	
Country	U.S.A.	Postal Code	10038	
Phone Number		Fax Number		
Email Address				

Signature:

A signature of the applicant or representative is required in accordance with 37 CFR 1.33 and 10.18. Please see 37 CFR 1.4(d) for the form of the signature.

Signature				Date (YYYY-MM-DD)	2007-10-31
First Name	Steven D.	Last Name	Underwood	Registration Number	47,205

This collection of information is required by 37 CFR 1.76. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 23 minutes to complete, including gathering, preparing, and submitting the completed application data sheet form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**